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**REQUEST FOR WITHDRAWAL
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Application Number	10/040,210
Filing Date	05/06/2002
First Named Inventor	Kiyoko AOKI
Art Unit	
Examiner Name	
Attorney Docket Number	016472-0311712

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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<input checked="" type="checkbox"/> Firm or Individual Name	Dr. Soheil Shams		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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